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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group:	3632 (Filing Receipt)	Certificate Under 37 CFR 1.8(a)
Confirmation No.:	3619	l hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope
Application No.:	10/802,287	addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
Invention:	RADIAL ARM SYSTEM FOR PATIENT CARE EQUIPMENT	} onAugust 2 , 2004
Applicant:	David C. NEWKIRK; et al.	{ Signature) (Signature)
Filed:	March 17, 2004	Mary Jean Eskridge
Attorney		(Printed Name)
Docket:	7175-74606	} }
		}

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Unknown

Sir:

Examiner:

This statement is filed in the application identified above pursuant to 37 C.F.R. § 1.56. No representation is intended that a complete search has been made of the prior art or that no better art references than those listed on the attached PTO Form 1449 are available. Copies of the U.S. references, if any, are not provided per the Office's Waiver of the requirement under 37 C.F.R. § 1.98. See Off. Gaz. Pat. Off. 1276, 05 August 2003. However, copies of the "Foreign Patent Documents" and "Other References" cited are provided for review by the Examiner. The filing of this Statement shall not be construed to be an admission that the information cited in the Statement is, or is considered to be, material to patentability as defined in § 1.56(b).



Please charge any fees that might be due in connection with this Information Disclosure Statement to our Deposit Account No. 10-0435, referencing our matter 7175-74606. A duplicate copy of this authorization is enclosed for that purpose.

Respectfully submitted,

Muara Murand Richard D. Conard

Attorney Reg. No. 27321

RDC/mje/672538v1 Indianapolis, Indiana 46204 (317) 231-7285

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